

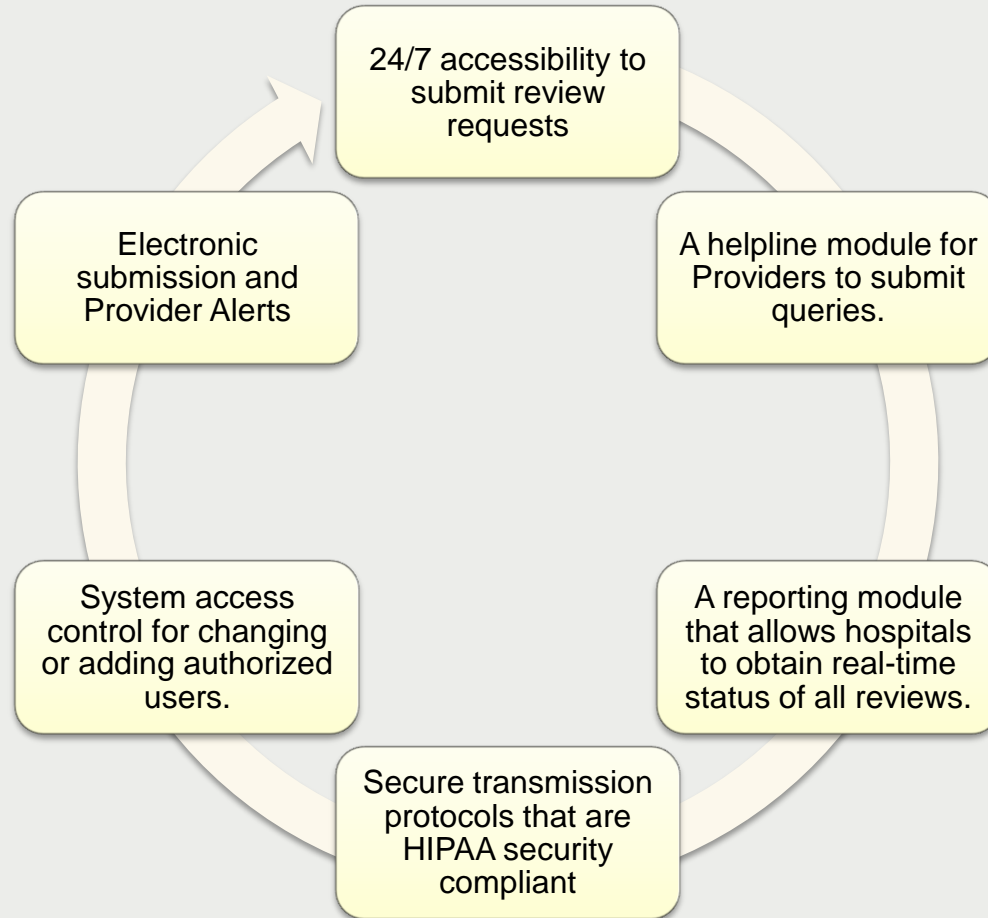


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# HOME HEALTH SERVICES REFRESHER

*2017*

# Overview of eQsuite ®




# Who can access eQsuite

- **New Users:** You will need to complete and submit an access form.

*(Once received and entered you will receive an email confirmation with your user name and password)*

- **Existing Users:** If you are the System Administrator you will have the ability to create additional User Accounts.



**Home Health & Personal Care Services Request for eQSuite® Access**  
All information must be complete for processing  
**NOTICE:** It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information.

Return Completed and Signed Forms  
 Attention: Provider Outreach  
 Fax: 855-440-3747  
 Email: [provideroutreach@eqhs.org](mailto:provideroutreach@eqhs.org)

Provider Name:	
Mailing Address:	
Provider Medicaid Number:	Provider Type:
	NPI:

Handwritten forms cannot be accepted

Contact Type	Contact Name <small>(First &amp; last name)</small>	Email Address (required)	Telephone Number
System Administrator			

**FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO**

Administrator or CEO	(PLEASE PRINT NAME & TITLE)

Signature:

Date:

Initials

# Request Submission & Review Completion Timeframes

Prior Authorization	Review Completion Timeframes	Referred to Physician reviewer
<ul style="list-style-type: none"> <li>•Initial Admission or Continued Stay Request <b>w/o</b> home visit</li> <li>•Initial Admission or Continued Stay Request <b>with</b> home visit</li> </ul>	<ul style="list-style-type: none"> <li>•Within 2 business days</li> <li>•Within 6 business days</li> <li>•Note: Continuation of services submit no more than 14 days prior to</li> </ul>	<ul style="list-style-type: none"> <li>•Within 3 business days of the receipt of the complete request</li> </ul>
Retrospective Requests <b>(Only applies to Retroactive Eligibility)</b>	<ul style="list-style-type: none"> <li>•Within 20 business days</li> </ul>	

## Review Status Determinations

- PEND Additional information is being requested
- 1<sup>st</sup> Level Review The review is currently being reviewed
- 2<sup>nd</sup> Level Review If medical necessity cannot be made at 1<sup>st</sup> level review gets referred to a physician reviewer
- CANCEL Duplicative Service
- Technical Denial Untimely Submission or incomplete documents provided

# What warrants a Technical Denial?

## Technical Denials

- Review Submitted 2/28/17 start DOS is 2/20/17

## Technical Denial

- Review Submitted 2/28/17 start DOS is 3/1/17 however the provider did not have completed documentation on request

- **Reminder to submit your review at least 7 days prior to the start date of services and make sure to have all of the required documentation**

# Required Documentation

Documentation	Required with each admission review request. Acceptable documents:
Physician monitoring evidence	<ul style="list-style-type: none"><li>➤ Hospital discharge summary (for request following and inpatient stay)</li><li>➤ Current H&amp;P examination.</li><li>➤ Physician office visit progress note dated within the preceding 30 days.</li><li>➤ AHCA's Physician Visit Documentation Form.</li></ul>
Parent/guardian work schedule	<ul style="list-style-type: none"><li>➤ Required for admission review when the recipient's parent(s) or guardian works.</li></ul>
Parent/guardian school schedule	<ul style="list-style-type: none"><li>➤ Required for admission review when the recipient's parent(s) or guardian attends school.</li></ul>
Parent/guardian limitations	<ul style="list-style-type: none"><li>➤ Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.</li></ul>

# Required Documentation

Documentation	
Plan of Care (POC)	<ul style="list-style-type: none"><li>➤ Required with each admission (initial authorization) review request.</li><li>➤ Use AHCA's Personal Care Services Plan of Care form.</li><li>➤ Must be developed prior to requesting prior authorization.</li><li>➤ Must be signed and dated by the ordering physician.</li></ul>
Physician Order For Services	<ul style="list-style-type: none"><li>➤ Required with each admission review request.</li><li>➤ Must be a separate document.</li><li>➤ Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization.</li><li>➤ A physician must co-sign and date orders made by a PA or ARNP.</li></ul>
Nursing Assessment	<ul style="list-style-type: none"><li>➤ Must be signed and dated by the individual who performed the assessment.</li><li>➤ For recipients age 18 and older, the OASIS is acceptable</li></ul>

# Submitting Your Documentation

➤ **Prior to submitting any documentation please make sure you have the following.**

- Up to date plan of care  
(POC and RX need to match)
- Current RX from MD  
(Needs to include duration & signature)
- Physician Monitoring Evidence
- Line Items entered must match POC and RX

The screenshot shows a web browser window titled "Item Code Add/Edit Page". The interface includes a search bar with the code "t1030" entered. Below this, the description "RN Visits" is displayed, along with a "View Example" link. There are two dropdown menus for "MOD1" and "MOD2", both currently set to "Select Modifier 1" and "Select Modifier 2" respectively. Date fields for "From Date" and "Thru Date" are present, each with a calendar icon. A "Date Calculator" section contains fields for "Units/Visit" (set to 1), "Visits/Period", "Period Type" (set to "Select Period Type"), "# Periods", and "Total Units". The browser's address bar at the bottom shows the URL: "https://flwebapps.eqhs.org:443/fltrainportalnew/PopupPages/ItemCodeEdi...".



# Things to remember

- Reminder to keep recipients information current and up to date (i.e. Phone # and address)
- Home Health Services are for visits, not hours. Per AHCA handbook 1 visit up to 2 hours of services
- If you are requesting a continuation of services you need to submit a current POC signed by the physician.
- If the recipient was receiving services and received authorization through a managed care plan and now they have straight Medicaid. This needs to be entered as a Admission in eQsuite. (There is not an automatic authorization for continued services)

# LIVE DEMONSTRATION



# Provider Communication

## **Dedicated Florida Website:**

Web: [FL.EQHS.ORG](http://FL.EQHS.ORG)

## **Customer Service:**

Ph: 855-444-3747

Monday-Friday

Hours: 8 a.m-5 p.m

(Except Florida state holidays)

## **Provider Outreach:**

[ProviderOutreach@eQhs.org](mailto:ProviderOutreach@eQhs.org)